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ABSTRACT

While over 30 percent of the nation's 10 million alcoholics and problem drinkers are women, the severity of female alcoholism is statistically understated. The female inebriate is hidden by society and underserved by current treatment programs. Alcoholism in females has continued to be considered synonymous with male alcoholism. The purpose of this paper is to educate social workers about the differences between male and female alcoholics; to facilitate the identification of characteristics common to female inebriates; and to propose an approach to the effective treatment of female alcoholics. Differences between male and female alcoholics are discussed, covering such areas as family background, employment, divorce, drinking patterns, and pathology. Characteristics of female alcoholics, including a family lineage of alcoholism, partner selection, family pathology, antecedents to alcoholism, behavioral patterns, and demographic background, are explored. Changes in service provisions for the treatment of female alcoholics are proposed for staffing patterns, program environment, diagnostic work-up, treatment modalities, prevention, and outreach. (WAS)

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Uncovering the "Hidden Alcoholic": Identification and Treatment of the Female Inebriate

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ABSTRACT

Over thirty percent of the nation's ten million alcoholics and problem drinkers are women. The severity of female alcoholism is statistically understated and women are currently underserved by treatment programs due to communities' and service agencies' unitary criterion for detection, intervention, and prevention of alcoholism. The purpose of this presentation is:

1) to discuss the differences between the male and female alcoholic;
2) to facilitate the identification of characteristics common to female inebriates; and,
3) to propose an approach to the effective treatment of this enigmatic figure.

UNCOVERING THE "HIDDEN ALCOHOLIC":

IDENTIFICATION AND TREATMENT OF THE FEMALE INEBRIATE

Over thirty percent of the nation's ten million alcoholics and problem drinkers are women.[1] However, the severity of female alcoholism is statistically understated.

The female alcoholic remains shrouded invisibly by, as Sharon Wilsnack puts it, a "barrier of cultural protection."[2] Families shelter the alcoholic spouse or mother by allowing her to hide in the home. Physicians privately treat the female alcoholic, frequently substituting psychoactive drugs for her alcohol dependence. Industry discounts the plight of the female inebriate because she continues to do her job. Law enforcers chivalrously drop charges for alcohol-related offenses more readily for the woman than the man.[3] "So we keep," as Marion Sandmaier states, "the alcoholic woman invisible, guarding her secret. And the woman herself, sensing the unacceptability of her illness even more acutely than those around her, does not protest."[4]

Figures are important in that they determine who gets treated, whose problems are studied, and whose alcohol abuse is deemed worth preventive interventions. Not only is the female inebriate hidden by society, but she is also underserved by current treatment programs. Twenty-nine of over five hundred treatment programs funded by the National Institute on Alcohol Abuse and Alcoholism are solely designed to serve women. As of 1978, only eighteen percent of federal dollars earmarked for treatment of alcoholism were directed toward women.[5]

The continued neglect of the female alcohol abuser reflects communities' and service agencies' unitary criterion for detection, intervention, and prevention of alcoholism. Alcoholism in females has continued to be synonomous with male alcoholism. The belief persists that alcoholics are a homogenous group with similar etiologies, characteristics, and behaviors. Present research and literature dispute this assumption and point to the fact that female alcoholics differ from their male counterparts and from each other.

In a time when Reagan economics incorporate block funding for health services and advocate cutbacks in National Institute on Alcohol Abuse and Alcoholism funding from 161.7 to 38 million dollars,[6] the female alcoholic stands to become more obscure. This factor underscores the significant role that social workers, particularly in community settings, must assume in serving the female alcoholic. Through their diagnostic abilities and systematic approach to service provisions, social workers can play an instrumental role in the identifiaction, treatment, and redirection of the female alcoholic. The purpose of this paper is:

1) to educate the social worker as to the differences between the male and female alcoholic;
2) to facilitate the identification of characteristics common to female inebriates; and,
3) to propose an approach to the effective treatment of this enigmatic figure.

DIFFERENCES BETWEEN MALE AND FEMALE ALCOHOLICS

Female alcohol abusers differ from their male counterparts. "To understand the ways in which women's alcoholism differs from that of men's," states Marion Sandmaier, "is to be able to identify, treat, and prevent women's drinking problems more effectively."[7]

Female inebriates' familial backgrounds reflect more trauma and disruption than men's. Female abusers are more likely in childhood to have lost one of their parents through divorce, desertion, or death. More family alcoholism is reflected in female alcoholics' histories. Mothers of female abusers are reported to be cold and domineering while the fathers of these women are perceived as affectionate and easygoing. Self-reports of many female inebriates reveal that they feel rejected and hostile toward their mothers and gravitate toward their fathers, who in turn, become their role models.

Statistically, there are more poor alcoholics represented in both male and female populations. There are equal numbers of black and white alcoholics among both populations. Consumption patterns for high school and college age problem drinkers do not vary significantly according to sex. Alcohol abuse is greater in rural populations for women. Male alcoholism is more rampant in urban settings. Female alcoholics display higher levels of post secondary education[8] and demonstrate more stable employment patterns than males. Female alcoholics experience divorce more often than male alcoholics.[9]

Drinking patterns among male and female alcohol abusers differ dramatically. Women become heavy drinkers at a later age than males. Female drinkers' progression to levels of alcoholism is 'telescoped' in contrast to males in that there is less time between the onset of drinking and the later stages of symptomatic drinking.[10] The largest age group for male alcoholics is between the ages of twenty-one and thirty-four. For women, the age range is between thirty-five and forty-nine.[11] Men are more frequently morning and daily drinkers, 'bender alcoholics,' consume higher levels of alcohol, and display histories of delirium tremuns and blackouts.[12] Women, on the other hand, prefer liquor and wine to beer, drink alone or with spouses at home, and less

in single-sex groups, public places or private clubs.[13]

The male inebriate presents a history of school problems, job dismissals, and alcohol-related arrests.[14] The alcoholic woman displays significantly more guilt, anxiety, depression, and low self-esteem than the man. She more typically attempts suicide. Diagnostically, the male inebriate displays sociopathic pathology. The female's pathology, however, is characterized by affective disorder. The differences in pathology may explain why the female alcohol abuser is more frequently psychiatrically hospitalized than the male and less often incarcerated.

The different backgrounds of male and female inebriates have ramifications in terms of their reasons for seeking treatment. Women more often seek treatment under familial and interpersonal pressures while males are frequently under legal, financial, and occupational demands. Women report less alcoholic impairment before admission, yet are more likely to present a history of psychoactive drug abuse. For every five men who present themselves for treatment, there is only one woman.

CHARACTERISTICS OF FEMALE ALCOHOLICS

"There is no one type of female alcoholic," explain John Horn and Kenneth Wanberg, ". . . women differ in respect to several distinct sympton clusters."[15] Women with certain sociocultural characteristics, may be more likely to develop drinking problems than others. These findings are significant in terms of understanding the unique characteristics of female abusers and important in developing and implementing appropriate diagnostic procedures and treatment programs.

The most often cited commonality between the family histories of female alcoholics is the frequent lineage of alcoholism. Alcoholic women come from

families where there are high incidences of alcoholism among parents and siblings. Moreover, female inebriates tend to transfer these family backgrounds and dynamics to their spouse selection. Two patterns seem to exist in partner selection for female abusers. The women frequently marry alcoholic husbands[16] or tend to choose cold, domineering husbands--like their mothers--and assume drinking habits similar to their fathers.[17] The family of the female inebriate is also marked by high levels of parental loss, family disorganization, conflict, high religiosity, and personal instability.[18]

The female alcoholic drinks for other reasons. Depression is often reported as an important antecedent. This finding has led Marc Schuckit to make a distinction between primary and secondary alcoholics. The primary alcoholic has no preexisting psychiatric disorder. She is usually in her teens or twenties, uses alcohol recreationally, and displays impulse control problems. The secondary alcoholic, on the other hand, is the individual who evidences alcoholism in the midst of an underlying affective disorder. This woman becomes an alcoholic usually in her thirties and forties and, though she may initially have used the alcohol recreationally, begins to use it medicinally. The secondary alcoholic has fewer years of alcoholism prior to hospitalization, a greater rate of hospitalizations related to alcohol, less evidence of the medical consequences of alcoholism, and a higher number of suicide attempts. Yet, prognostically the affective disordered abuser has a greater chance of recovery than the primary abuser or the sociopathic alcoholic.[19] Schuckit estimates that twenty-five to thirty percent of female alcoholics are affective disorder alcoholics.[20]

Edith Gomberg suggests that several behavioral patterns are associated with psychological vulnerability in female alcoholism. Gomberg emphasizes that no risk factor taken alone distinguishes an alcoholic from a non-alcoholic

woman, but instead, that the sum effect of risks is significant. Lack of trust, low self-esteem, impulse control problems, anger, sex-role conflict, frustration intolerance, and somatic concerns are areas of conflict for the female alcoholic.

Sharon Wilsnack theorizes that alcoholic women may experience a conflict between conscious identification with traditional female roles and unconscious identification with 'masculine' attitudes. Wilsnack's studies show that female inebriates have strong unconscious drives for power and aspirations which are traditionally attributed to men. Yet, female alcoholics consciously adhere to traditional feminine values. Alcoholic females get into serious problems with their drinking following crises of surgery, infertility, menopause, which undermine their sense of adequacy as women. Alcohol is a way to attain artificial feelings of womanliness.

Based on self-reports of alcoholic women, most women drink to cope with situational events in their lives. Marital disputes and divorce are generally the precipitants acknowledged by these women. Infidelity, death of a family member, and a child leaving home are other crises mentioned.[21] Poverty is an important stress factor in regard to alcoholism, as is loneliness, inferiority, and social acceptability. Women's experiences of gynecological and obstetrical problems, particularly menstruation, childbirth, and menopause are reported as antecedents to increased levels of alcohol consumption.

It is important to look at the demographic backgrounds of female abusers. According to the National Opinion Research Study of 1978, unemployed, young, married jobholding, divorced, separated, and rural women are the high risk populations for problem drinking in this country. The study revealed that the highest incidence of problem drinking is among unemployed and married, working women. Housewives are less than half as likely to have alcohol

problems than either working women or the unemployed.[22] Divorced and separated females abuse alcohol more than any other population. Single women follow in patterns of abuse, while married women and widows are less likely to abuse alcohol. The highest incidence of problem drinking by age group is among young women between the ages of eighteen and twenty.[23]

Socioeconomic background influences drinking practices among women. Alcoholic women of a higher socioeconomic background are older, have a later age of onset of alcoholism, drink less alcohol, less frequently report 'bender' or morning drinking. These women are less likely to suffer from alcohol related problems, such as physical illness, suicidal behavior, arrest and loss of friends or jobs due to alcohol. Women from lower socioeconomic classes have been reported to experience more childhood and marital disruption, more erratic employment histories, greater levels of familial alcoholism, and are more susceptible to bout drinking.[24] Women from lower socioeconomic spheres resemble male alcoholics more closely in their developmental and drinking characteristics.

Differences among minority populations are reported. Preliminary studies show that higher percentages of black than white women are abstainers from alcohol use. Of the women who drink, a higher percentage of black women are heavy drinkers than are white. More black women are hospitalized for alcohol abuse, exhibit 'bender' drinking patterns, and become incarcerated for alcohol related problems.[25] Black women alcoholics begin using alcohol at an earlier age than their white female counterparts.[26]

Less research is available regarding other female minority groups. Hispanic women, according to the NORC study, are more likely to abstain from alcohol than either black or white women. Drinking among Indian populations is a serious problem. Women account for almost half of the total deaths from

liver cirrhosis among American Indians, compared to approximately one-third of cirrhosis deaths among both blacks and whites. These Indian women also die at a younger age than blacks or whites.[27]

Though little systematic research is available, the lesbian population appears to display drinking problems which exceed the heterosexual female population. Estimates of alcohol abuse among gay women range from twenty-five to thirty-five percent.[28] Fitfield suggests that two major factors contribute to this figure. First, alcohol provides gay women with a temporary escape from societal discrimination and the feelings of lower self-esteem, alienation, despair and self-destructive behavior which this oppression produces. Second, bars have been traditional settings for gay social activities which expose these women to the temptation of alcohol abuse. Therefore, alcoholism among gay women may be a reflection of the limited social options and lack of alcohol free alternatives which are presently available.[29]

TREATMENT OF FEMALE ALCOHOLICS

Having discussed the differences between male and female alcoholics and the characteristics of female abusers, "it is important," as Jonica Homiller states, "that this information be translated into the definition and establishment of responsive provision of treatment for women."[30] This approach needs to include sensitivity to the commonality among these women, as well as account for their heterogenity and individuality. Treatment of female alcoholism needs to include both service provisions for therapy and prevention if women are to be effectively served.

There is the temptation in planning treatment efforts to take a clean-slate approach, wiping out programs that exist, and instituting new programs.

Yet, two realities are present at this time in history. The first is the economic reality that alcohol and mental health services are going to be hard-hit by the Reagan Administraiton. Alcoholism, drug abuse, mental health services, and thirty other health and social programs are going to be lumped together as a block grant to states and then sheared approximately twenty percent. Furthermore, NIAAA not only will lose over 130 million dollars in funding, but will also be divested of its autonomy. Both factors are going to make it more difficult to get funding for service provisions to special populations. Second, there is the practical consideration that most states have a network of existing alcohol programs. Therefore, it appears more economical to consider how to make existing systems more appropriate for women.

STAFFING PATTERNS:

Staffing patterns for treatment must account for the poor and conflicting self-image that the female alcoholic experiences. It is important to have strong female models as therapists and program directors, particularly of similar ethnic backgrounds as the client to serve as role models. A strong female figure may also provide the woman with some of the nurturing and modeling which she did not receive in her early maternal relationship. This is not to say, however, that there is no place for male therapists in treatment. As long as a male therapist can desensitize himself to the stereotypes around the female abuser and become more aware of the woman's unique problems and needs of self-worth and esteem, the male can also be an important treatment figure.

PROGRAM ENVIRONMENT:

Prior to therapy, provisions need to be made for adjunctive services for female alcoholics. Practical needs of alcoholic women must be considered. A

center needs to make provisions for client transportation, child care facilities, and the woman's possible need for employment training and vocational opportunities. Hook-ups with volunteer services can assist in the provision of transportation and child care services. The traditional social work role of home visits might serve this population well. Vocational rehabilitation linkages are also exceedingly important since the most frequently cited need by female alcoholics has been for job training.[31]

DIAGNOSTIC WORK-UP:

Since the female alcoholic's symptoms are frequently masked by a veil of depression, family problems, marital conflicts, and family violence, it is important that the social worker obtain a detailed social history from the woman and other family members. Through this history, the worker may be able to spot some of the characteristics earlier discussed and explore with the woman the extent of her substance abuse. The history taking process is important in that it frequently becomes apparent if one is dealing with a primary or secondary alcoholic or a woman who may be a poly-substance abuser.

TREATMENT MODALITIES:

There is wide disagreement as to what forms of therapy best serve the female alcoholic population. The major debate is over the utilization of group versus individual therapy. Researchers have found that female alcoholics show a preference for one-to-one counseling rather than participation in group therapy.[32] Advocates of individual therapy for female alcoholics feel that therapeutic relationships can most appropriately meet the alienation, isolation, and sense of worthlessness that women inebriates confront. Therapists utilizing this modality feel that these relationships allow for the development of insight and feelings of support, self-acceptance, and trust.

A debate as to the most productive group experience for female alcoholics

also exists. Some researchers feel that all women's groups are recommended for female alcoholics because women tend to discuss issues related to self, feelings, and relationships in groups. Men, instead, focus on issues of competition and status. Women in mixed groups tend to talk less and have fewer interactions.[33] Beyond these distinctions, women's groups provide an arena for role modeling and assertiveness training. The groups foster an atmosphere where women can teach women to please themselves instead of constantly competing with each other.

Family and marital counseling are important. Family services are critical in that women experience a tremendous sense of guilt in regard to their families. Spouses and family members need to be included in treatment so that women are not the only family members making dramatic changes. Since nine out of ten men leave their alcoholic spouses,[34] marital counseling can be helpful in reconstructing a marriage or assisting women in dealing with divorces or separations.

Aftercare services may be the most significant component of the female alcoholic's treatment. As Clara Synigal explains, "you can't just treat a woman, show her how to stop drinking and then tell her to go out and do her own thing. You have to go step by step, follow through, and keep in touch with her."[35] Linkages with further treatment need to be established and efforts at continued contact made on a regular basis. Besides therapeutic contacts, women might be encouraged to attend Alcoholic's Anonymous or Women for Sobriety meetings.

PREVENTION:

Educational strategies should be employed in addressing the prevention problem of female alcoholism. Provision of 'gatekeeper' services or training of these individuals can be undertaken by social workers. 'Gatekeepers' must

be trained to help identify points of crises for women, develop accurate diagnostic tools, understand early indications of female alcoholism, and refer women for prompt intervention. A public health orientation to prevention can be initiated through early detection of at-risk individuals served by physicians, mental health workers, college counselors, and human service workers.

The education of the consumer is important. Women have become one of the top five advertising targets of the liquor industry. There is a need to combat the image that these campaigns are trying to project. Educational efforts need implementation by social agencies, voluntary groups, churches, local NASW chapters, and other professional organizations, to educate the public and demystify them in regard to female alcohol abuse. Special efforts must be made to educate vulnerable populations. These efforts should be focused on developing appropriate attitudes and behaviors in regard to use of alcohol, as well as on providing alternatives for female alcoholics to cope and meet their needs.

Education of professionals must be instituted. Physicians in particular need to be alerted to the symptoms and characteristics of female alcohol abusers so that they will refer women to treatment instead of prescribing psychotropic medications and risking the chance of dual addiction. It has been noted that sixty to seventy percent of women alcoholics are addicted to valium or some form of psychoactive drug.[36] Educational efforts need also to be directed toward occupations traditionally populated by women--i.e. nursing, teaching, social work--to increase institutional sensitivity to substance abuse among women.

OUTREACH:

Aggressive outreach programs must be incorporated with educational efforts,

since seventy percent of female alcohol abusing women in this country may be 'hidden' drinkers.[37] It is of particular importance to reach women in their adolescence and young adulthood so that their drinking does not progress to later stages of alcoholism. The at-risk populations must also be showered with information and be in contact with potential referral sources. Case-finding resources can be drawn from physicians, lawyers, industrial management, drinking driver programs, churches, ethnic and gay communities.

Seminars, mass mailings, media campaigns, and hotlines can be utilized to assist agency personnel in contacting 'hidden' alcoholics. Linkages should be made between alcohol treatment agencies and the 'gatekeeping' agencies so that referral can be made smoothly and expediently. Referral agencies need to be supportive of treatment so that clients feel a sense of assurance in seeking treatment. Existing organizations--i.e. AA, NOW, YWCA, Junior League, church groups, college sororities--might be utilized in reaching women of different backgrounds.

There are many ways in which social workers can address the problem of female alcoholism. Through treatment planning, diagnostic evaluation, service delivery, educational programs, and outreach strategies, the unique needs of female abusers can be met. Female alcoholism is not just an individual's problem, nor singularly a woman's issue. It has become a social problem which has significant impact on society. As social workers, other professionals, and society as a whole understands more about female inebriates, they will become less condemning, and women will come out of hiding, more freely seek treatment, and get their needs met in more constructive and satisfying ways.

NOTES

[1]Marian Sandmaier, The Invisible Alcoholics: Women And Alcohol Abuse in America (New York: McGraw-Hill Book Co., 1980), p. 72.

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[6]"The Freeze on Federal Funding," Alcoholism, May/June 1981, pp. 34-37.

[7]Sandmaier, The Invisible Alcoholics, p. XVI.

[8]Ibid., p. 79.

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[13]Ibid.

[14]"Alcoholism and Alcohol Abuse Among Women," p. 3.

[15] Proceedings of the First Annual Conference on the National Institute on Alcohol Abuse and Alcoholism (Washington, D.C.: Department of Health, Education, and Welfare, 1972), p. 353.

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[17]Greenblatt and Schukitt, Alcoholism Problems in Women and Children, p. 72.

[18]Barry A. Kinsey, The Female Alcoholic: A Social Psychological Study (Springfield, Ill.: Charles C. Thomas Co., 1966), p. 8.

[19]Services For Alcoholic Women: Foundations For Change, Resource Book (Washington, D. C.: United States Department of Health, Education, and Welfare, 1979), p. 14.

[20]Marguerite L. Babcock and Bernadette Connor, "Sexism and Treatment of the Female Alcoholic: A Review," Social Work 26(1981): 236.

[21]Sandmaier, The Invisible Alcoholics, p. 102.

[22]Ibid., p. 78.

[23]Ibid., p. 79

[24]Homiller, Women and Alcohol, p. 15.

[25]J. Rimmer et al., "Alcoholism II. Sex, Socioeconomic Status and Race in Two Hospitalized Samples," Quarterly Journal of Studies on Alcohol 32(1971): 942.

[26]Ralph Tarter and Arthur Sugarman, eds., Alcoholism: Interdisciplinary Approaches to an Enduring Problem (Reading, Mass.: Addison-Wesley Publishing Co., 1976), p. 618.

[27]Sandmaier, The Invisible Alcoholics, p. 145.

[28]Ibid., p. 179 and Homiller, Women and Alcohol, p. 16.

[29]Homiller, Women and Alcohol, p. 16.

[30]Ibid., p. 53.

[31]Sandmaier, The Invisible Alcoholics, p. 224.

[32]Babcock and Connor, "Sexism and Treatment of the Female Alcoholic,": 235.

[33]Services for Alcoholic Women, pp. 18-19.

[34]Homiller, Women and Alcohol, p. 71.

[35]Sandmaier, The Invisible Alcoholics, p. 226.

[36]"Alcoholism and Alcohol Abuse Among Women: Research Issues,": 76.

[37]Homiller, Women and Alcohol, p. 77.